

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599,706

FILING DATE

10-05-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6		2				
7	1					
8		1				
9		2				
10		2				
11		0				
12	1					
13		1				
14						
15				1		
16				1		
17				1		
18			1			
19				1		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	13	←	13	←		←
TOTAL CLAIMS	17		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						